

# OFFICIAL

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May 21, 2004

  
Frances Doyle

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Attorney Docket No.: FUJH 16.715 (100794-11346)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: MISAO KIMURA  
Confirmation No.: 5700  
Serial No.: 09/435,803  
Filed: November 8, 1999  
Title: NETWORK SYSTEM AND METHOD FOR SECURE...  
Examiner: CHRISTIAN A. LAFORGIA  
Group Art Unit: 2131

May 21, 2004

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL

SIR:

Applicant hereby petitions for a one-month extension of time, a petition pursuant to 37

C.F.R. 1.136(a) and authorization to charge the requisite fee being enclosed.

In response to the Office Action dated January 21, 2004, please amend the subject  
application as follows:

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PAGE 4/11 \* RCVD AT 5/21/2004 1:43:21 PM (Eastern Daylight Time) \* SVR:USPTO-EFAXF-110 \* DNS:8728306 \* CSID:2128407849 \* DURATION (mm:ss):04:14

06/23/2004 BHILLIAR 00000001 501290 09435803  
01 FC:1251 110.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/435803

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	7 minus 20= *	/
INDEPENDENT CLAIMS	2 minus 3= *	/
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

Amend A  
10/30/03

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 7 Minus	** 20	= 0
Independent	* 2 Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 0			

Amend B

5/21/04

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	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 5 Minus	** 20	= 0
Independent	* 2 Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 0			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
	380.00	OR		760.00
X\$ 9=		OR	X\$18=	/
X39=		OR	X78=	/
+130=		OR	+260=	/
TOTAL		OR	TOTAL	760

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	0
X39=		OR	X78=	0
+130=		OR	+260=	0
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	0

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	0
X39=		OR	X78=	0
+130=		OR	+260=	0
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	0

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	